

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12336-62-048275  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318  
FILED JAN 2 1962

1003

VS 300  
Rev. 4/59

1

3

4 0

5 0

6

7 1

8 2

9

10

11

1258-0

13

58

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Deaconess Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Missouri

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Maplewood

d. STREET ADDRESS

(If outside, give location)

2149 Yale Ave.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

DATE OF DEATH

Month

Day

Year

Job

Haines

DeKins

Dec.

22nd

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-25-1884

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Insurance

## 11. BIRTHPLACE (City and state or country)

Newark New Jersey

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Stephen DeKins

## 13b. MOTHER'S MAIDEN NAME

Jennie Crowder

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Emma L. Dekins

## Address

Above

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

PNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

2-3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Conjunctive heart failure

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 12-9-62 to 12-22-62 and last saw her alive on 12-21-62

Death occurred at 2:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

7200 Manchester

## 22c. DATE SIGNED

12-23-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

## 23b. DATE

12-24-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Yalhalla

## 23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

## (State)

## 24. FUNERAL DIRECTOR

JAY B. SMITH, Maplewood, Mo.

## 25. DATE RECD. BY LOCAL REG.

DEC 24 1962

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Melvin Barteaux*

Licensed Embalmer No. 4903

P. O. Address St Louis 17

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.